

# Lincoln Parks and Recreation KIDS DAY OFF



**2006 - 2007**  
Supervised play for  
Grades K - 5. Meet on  
the individual days or  
the weeks when public  
elementary schools are  
NOT in session.

## Calvert Recreation Center

4500 Stockwell Street  
Lincoln, NE 68506  
Phone 441-8480

**Now Taking  
Registrations!**

**Activities will include:** Organized games, crafts, occasional field trips and selected activities. Children must bring a sack lunch, drink and tennis shoes. An afternoon snack will be provided.

**Registration Deposit:** Registration requires a \$10 per week, \$5 per day, per child, nonrefundable, non-applicable deposit. Registration is limited. Deposit is required for all families. We will mail confirmation, program information, total fee due, and payment schedule after processing.

**Multiple Child Discount:** Families enrolling more than one child will receive a multiple child discount, if all children live in the same household. The full base rate applies to the first child, *additional children pay \$15 per day or \$78 per week.*

**Sliding Fee Rate:** (Consideration based on income and size of household) Complete a registration form and a sliding fee form that is available at Calvert Recreation Center. These forms must be submitted with proof of income (recent paycheck stub or tax return). Please contact Calvert Recreation Center to determine the amount you will need to pay.

## FEES

### Daily Fee:

7 AM - 6 PM  
\$20/per child  
plus registration deposit

### Weekly Fee:

\$83/per child  
plus registration deposit  
*Payment for later program  
days is required 2  
weeks in advance.*

## CALVERT KIDS DAY OFF 2006 - 2007 REGISTRATION FORM

Participant's Name		Site Attending		
Address	City	State	Zip	Grade
Name of Parents		Child's Birthdate		
Day Phone (Name of Parent at Day Phone)		Evening Phone		
Another Person to contact in case of emergency		Phone		

**Mark weeks, days desired; include deposit of \$10.00/child/week or \$5.00/child/day nonrefundable deposit.**

### Amount Enclosed

\$ \_\_\_\_\_

Check # \_\_\_\_\_

Receipt # \_\_\_\_\_

OFFICE USE ONLY

Week		
#1 Oct 30 - Nov 3		
#2 March 12-16		
Individual Days		
#1 Oct 9		
#2 Nov 27		
#3 Jan 15		
#4 Jan 22		
#5 Feb 19		
#6 Apr 6		
#7 Apr 9		

**Make checks payable to:  
Lincoln Parks & Recreation and return to Calvert Recreation Center.**

### Waiver and Release of all Claims

For and in consideration, the undersigned parent(s) or guardian(s) of the participant in the Kids Day Off Program, I/we recognize and acknowledge that there are certain risks of physical injury and I/we agree to assume the full risk of any injuries, including death, or loss which the undersigned or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program.

I/we do hereby declare that I/we waive all claims of whatsoever kind or nature against the city of Lincoln and the Parks and Recreation Department, its officials, officers, agents, employees and volunteers from any and all claims arising from injuries, including death, damage or loss which I/we or my minor child or ward may incur or may accrue to me or my minor child or ward on account of participation in the activities of this program.

I/we further agree to indemnify and hold harmless and defend the City of Lincoln and the Parks and Recreation Department, its officials, officers, agents, employees and volunteers from any and all claims resulting from injuries, including death, damages and losses sustained by the undersigned or my minor child or ward or arising out of this program.

I/we have read and understand the above Waiver and Release of All Claims and understand the effect of the relinquishment of the rights hereby waived.

Signature of Parent/Guardian	Relationship	Date
I/we also give absolute and irrevocable right and permission with respect to photographs or video that may be taken of my child/ward to the City of Lincoln for their use in promotions and advertising.		

Signature of Parent/Guardian	Relationship	Date
Field Trip Permission: I or we authorize Lincoln Parks and Recreation to take my child on all field trips, whether by van transportation or by walking during any of the days at Kids Day Off.		

Medical Permission: In the event of an emergency, I authorize Parks and Recreation officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

Signature of Parent/Guardian	Relationship	Date
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Signature of Parent/Guardian	Relationship	Date
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